VETERAN'S PREFERENCE FORM VP-1

If you are requesting veteran's preference points, please include this form with each application.

Idaho law provides veteran's preference points for residents of Idaho who:

- Have been in active service in the armed forces of the United States during a recognized war period or other recognized conflict as defined by federal law. OR
- Are disabled veterans who served on active duty in the armed forces at any time. OR
- Are widows or widowers of such individuals and who have not remarried. OR
- Are qualifying spouse of an eligible disabled veteran who is physically unable to perform the work in the position to which the spouse seeks to apply the preference.

GENERAL ELIGIBILITY				
1. Were you or your spouse discharged	under honorable condition	s?	YES 🗌	NO 🗌
2. Are you a resident of the state of Idahe	o? YES		NO 🗌	
If you answered NO to either of the above	e questions, you are not el	igible for	preferenc	e points.
VETERANS PREFERENCE POINTS				
To determine your eligibility for veteran's (Preference points are used only for the i supporting documentation such as a deathis prior to the closing date on the announced.	nitial appointment and not ath certificate or letter from	t for prom	notion.) If	you are submitting
SECTION ONE: WAR ERA VETERANS				
Are you a war era veteran or do you h shown on your DD Form 214? If yes, plea				
RECOGNIZED WAR PERIO	DDS			
World War II	12/07/41 to 12/31/46			
Korean Conflict	06/27/50 to 01/31/55			
Served in Vietnam	02/28/61 to 08/04/64			
Vietnam Conflict	08/05/64 to 05/07/75			
Persian Gulf War	08/02/90 to (date not yet proclaimed) or			
☐ Any armed forces Exped DD Form 214 is qualifying fo	itionary or Campaign Med or veteran's preference.	al as sho	own on yo	ur
SECTION TWO: DISABLED VETERANS	3			
1. Have you served on active duty in the	armed forces at any time	, and do	you have	a present service-
connected disability of 10% or more?		YES [N(D

SECTION THREE: SPOUSES OF DISABLE	DVETERANS		
Are you a spouse of an eligible disabled veter	an?	YES 🗌	NO 🗌
If yes, is your spouse physically unable to perf	form the work in this position	due to the disability?	>
		YES 🗌	NO 🗌
If yes, a letter from a physician verifying the owner seeking this preference. If you are certificate or letter from physician, you will announcement.	submitting supporting docu	imentation such as	a death
SECTION FOUR: WIDOWS OR WIDOWERS	S OF WAR ERA OR DISABL	ED VETERANS	
Are you a widow or widower of a war era vete	ran, and have you remained	unmarried?	
		YES 🗌	NO 🗌
Are you a widow or widower of a disabled vete	aran and have you remained	unmarried?	
Are you a widow or widower or a disabled vete	eran and have you remained	YES	NO 🗆
If yes to one of the above, you will be requisubmitting supporting documentation such as to submit this prior to the closing date on the a	a death certificate or letter	e death certificate. I	f you are
STATE EMPLOYMENT STATUS			
Please list all Idaho state agencies where discharge:	you or your spouse have	worked since your	spouse's
If you have any questions regarding vet Human Resources at 208-334-2263.	eran's preference points,	please call the Div	ision of
Name (Please Print)	Signature		
Social Security Number	 Date		

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected, my name removed from consideration or my employment with the state terminated.

DHR revised 3/04